

**OUTREACH AND TEAMING SURVEY
CONSTRUCTION**

Prime: _____	
Project Title: _____	
Original Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No Amendment No: _____ Change Order No: _____	
Job Order No: _____ Bid No: _____	

Submit this Outreach and Teaming Survey within five (5) working days after bid opening date to:

**City of San Diego, Equal Opportunity Contracting Program (EOCP)
1010 Second Avenue, Suite 500
San Diego, CA 92101
FAX: (619) 533-4474**

The City of San Diego encourages subcontracting activity at levels reflecting the diversity of the City's population. Information from this survey will be used by EOCP staff to monitor successful outreach and teaming strategies used by contractors to ensure non-discrimination on City projects. Levels of participation shall not impact a contractor's ability to receive this contract or submit proposals for future contracts.

Please respond to the following questions (if necessary, attach additional pages):

1. Did your firm identify a need to utilize subcontractors on this project? If so, which specific scopes of work were targeted for subcontracting?

2. Describe your firm's overall strategy to outreach and team on this project. Did you negotiate subcontracts? Did you invite bids on subcontracts? Did you make the project plans and specifications available to sub-bidders?

OUTREACH AND TEAMING SURVEY (continued)

3. If you invited sub-bids, identify each of the sub-bidders by scope of work and their bid amounts. How much time were sub-bidders given to respond?

4. Did your firm advertise the subcontracting opportunities of this project in any publication? Which publications? What dates? Attach copies of published ads. What other outreach efforts did you employ?

5. Did you use any type of directory or database to identify potential subcontractors? If so, which ones?

This survey will be submitted as part of the contract award evaluation package to the San Diego City Council. Failure to complete, sign and submit this form or a facsimile **within the five (5) day period** after date of notification may result in a loss of the contract based upon non-responsiveness.

As an authorized officer of this company, I certify that information contained in this report is true and accurate to the best of my knowledge.

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Company Name	
<hr/>	<hr/>
Name	Title
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Signature	Date

****FOR OFFICIAL USE****
(To Be Completed By City Staff Only)

Total: \$ _____ M/W/DBE: \$ _____ % DVBE: \$ _____ % OBE: \$ _____ %